

PA I 05

QUERY CONTROL FORM		RTIS USE ONLY	
Application No. <u>10001485</u>	Prepared by <u>OT</u>	Tracking Number <u>5899879</u>	
Examiner-GAU <u>GRIFFIN-1764</u>	Date <u>11-22-04</u>	Week Date <u>2-2-04</u>	
	No. of queries <u>1</u>	<u>IFW</u>	

JACKET			
a. Serial No.	f. Foreign Priority	k. Print Claim(s)	p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	q. PTOL-85b
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other

SPECIFICATION	MESSAGE
a. Page Missing	The declaration
b. Text Continuity	identifies the 1st inventor
c. Holes through Data	by family name only and at
d. Other Missing Text	least one given name must
e. Illegible Text	be provided (37 CFR 1.63(a)).
f. Duplicate Text	
g. Brief Description	
h. Sequence Listing	
i. Appendix	
j. Amendments	
k. Other	
CLAIMS	
a. Claim(s) Missing	
b. Improper Dependency	
c. Duplicate Numbers	
d. Incorrect Numbering	
e. Index Disagrees	
f. Punctuation	
g. Amendments	
h. Bracketing	
i. Missing Text	
j. Duplicate Text	
k. Other	
	RESPONSE I had applicant fax in a new declaration with full name. It It is being scanned into the system.
	initials <u>OT</u>
	initials <u>JA</u>

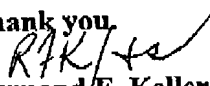
**ENGELHARD CORPORATION
101 WOOD AVENUE
ISELIN, NJ 08830**

LEGAL DEPARTMENT FACSIMILE COVER SHEET

The information contained in this facsimile message is attorney privileged and confidential information intended only for the use of the individual or entity named below. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address by mail. Thank you.

DATE: May 11, 2004
TO: Mr. James Arnold
FAX: 571 273 1443
RE: Combined Declaration and Power of Attorney
RE: 4836
FROM: Raymond F. Keller

Thank you for your call of May 10, 2004 informing us that the Declaration for the above mentioned case must have the full name and signatures of the inventor. Attached please find the corrected Declaration with the full name of the inventor as requested. Please contact us if there is anything else needed.

Thank you.

Raymond F. Keller

**IF THERE ARE ANY PROBLEMS WITH THIS TRANSMISSION,
PLEASE CALL (732) 205-5410 AS SOON AS POSSIBLE.
THE LEGAL DEPARTMENT FAX NUMBERS ARE (732) 205-6727 AND
(732) 205-6777.**

Attorney's Docket No. 4836

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

- ☒ original
- ☐ design
- ☐ supplemental
- ☐ national stage of PCT
- ☐ divisional
- ☐ continuation
- ☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor or an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

NO_x REDUCTION COMPOSITION FOR USE IN FCC PROCESSES

SPECIFICATION IDENTIFICATION

the specification of which:

- (a) ☐ is attached hereto.
- (b) ☒ was filed on November 21, 2001 as ☒ Serial No. 10/001,485 or ☐ Express Mail No. _____, as Serial No. not yet known _____ and was amended on _____.
- (c) ☐ was described and claimed in PCT International Application No. _____ and as amended under PCT Article 19 on _____.

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

(Declaration and Power of Attorney [1-1] - Page 1 of 4)

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

☐ In compliance with this duty there is attached an information disclosure statement, 37 CFR 1.97.

PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

- (d) ☒ no such applications have been filed.
(e) ☐ such applications have been filed as follows.

CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S) UNDER 35 U.S.C. 120

I hereby claim the benefits under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information that is material to the examination of this application, namely, information where there is substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

U.S. APPLICATIONS	FILING DATE	STATUS

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Gus T. Hampilos, Reg. No. 31,206
Raymond F. Keller, Reg. No. 28,960
Richard A. Negin, Reg. No. 28,649
Russell G. Lindenfeldar, Reg. No. 39,750
Melanie L. Brown, Reg. No. 31,592
Stuart D. Frenkel, Reg. No. 29,500

- Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

Chief Patent Counsel
Engelhard Corporation
101 Wood Avenue
P.O. Box 770
Iselin, New Jersey 08830-0770

DIRECT TELEPHONE CALLS TO:

Mr. Raymond F. Keller
732/205-5937

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURES

Full name of sole or first inventor Chandrashekhar P. Kelkar

Inventor's signature *CP Kelkar*

Date 5/11/04 Country of Citizenship U.S.A.

Residence 32 Shaffer Road, Bridgewater, New Jersey 08807

Post Office Address same as above

Full name of second joint inventor

Inventor's signature _____

Date _____ Country of Citizenship

Residence:

Post Office Address same as above

(Declaration and Power of Attorney [1-1] - Page 3 of 4)

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION**

- ☐ Signature for third and subsequent joint inventors. Number of pages added _____.
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.
Number of pages added _____.
- ☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47.
Number of pages added _____.

* * * * *

- ☐ Added pages to combined declaration and power of attorney for divisional, continuation or continuation-in-part (CIP) application.

☐ Number of pages added _____.

* * * * *

- ☐ Authorization of attorney(s) to accept and follow instructions from representative.

* * * * *

If no further pages form a part of this Declaration, then end this Declaration with this page and check the following item

☒ **This declaration ends with this page.**

(Declaration and Power of Attorney [1-1] - Page 4 of 4)